

STATE OF MARYLAND—CERTIFICATE OF DEATH

6306

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County KentVillage or City near Galena

Length of residence in city or town where death occurred yrs.

mos. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth? yrs. mos. ds.

Registration Dist. No. 23

St.

Ward

2. FULL NAME Jeremiah P. Battis(a) Residence: No. Outside Galena

St. Ward.

If nonresident give city or town and State X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male White Widowed

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofAnnie E. Battis

6. DATE OF BIRTH (month, day, and year)

Sept 12 1858

7. AGE

Years 77Months 9Days 6If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

192811. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town)

(State or country) Green Ann Co. Md.

MOTHER

FATHER

13. NAME Jeremiah Battis

14. BIRTHPLACE (city or town)

(State or country) Queens Ann Co. Md.15. MAIDEN NAME Genesetta Clark

16. BIRTHPLACE (city or town)

(State or country) Queens Ann Co. Md.17. INFORMANT Samuel M. Kenya(Address) Well Ind. R. F. D.

18. BURIAL, CREMATION, OR REMOVAL

Place WadsworthDate June 22 193619. UNDERTAKER Wm. H. Good(Address) Church St. 80 Ind.20. FILED June 19 1936Geo. P. Jos
Galena
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 19

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1936 to June 19 1936I last saw him alive on June 19 1936; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Tuberculosis of lungs

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____, 19 _____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) A. L. Cofland M. D.
(Address) Washington

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JUL 6 1930	1921
Cerebral hemorrhage		July 5, 1927
BUREAU V. S.		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gallstones		May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

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STATE OF MARYLAND—CERTIFICATE OF DEATH

6307

1. PLACE OF DEATH

County

Kent

23

Registration Dist. No.

203

Village or City

Edenville

St. Ward

Length of residence in city or town where death occurred

ND.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Thomas B. Butler

(a) Residence: ND.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

C.

5. MARRIED,

(write the word)

5a. If married, HUSBAND of

Anna Stewart

6. DATE OF BIRTH (month, day, end year)

Dec. 17, 1872

7. AGE

63

Years

Months

Days

If less than
1 day, _____ hrs.
or _____ min.

OCCUPATION

1886

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BODKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Labourer

12. BIRTHPLACE (city or town)
(State or country)Rock Hall
Maryland

MOTHER FATHER

13. NAME

aniel Butler

14. BIRTHPLACE (city or town)
(State or country)Rock Hall
Maryland

15. MAIDEN NAME

Frances Thompson

16. BIRTHPLACE (city or town)
(State or country)Rock Hall
Maryland17. INFORMANT
(Address)Arthur Butler
Cleville

18. BURIAL, CREMATION, OR REMOVAL

Place: Cheserton Cemetery Date: 6/27, 1936

19. UNDERTAKER
(Address)Ralph H. Kellton
Chestertown, Md.

20. FILED

June 27, 1936 Mrs. T. B. Dardiney
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 24, 1936
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

1936 to June 24, 1936

I last saw him alive on April 28, 1936, death is said

to have occurred on the date stated above, at 3:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Pulmonary Tuberculosis Date of onset 1934

Other Contributory Causes of importance:

They say "Gripe 2 years ago"

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) H. B. Simmons M. D.
(Address) Chestertown, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUL 2 1936	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICALS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

County Kent

Village or City Chestertown (No. 338)

2 FULL NAME Lower Davis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

M

4 COLOR OR RACE

Ev.

5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)

Married

6 DATE OF BIRTH

March unknown, 1892
(Month) (Day) (Year)

7 AGE

44 yrs. 3 mos. unknown If LESS than
1 day hrs.
or min.?

8 OCCUPATION

(a) Trade, profession or
particular kind of work
(b) General nature of industry
business, or establishment in
which employed or (employer)

Almond Finisher

None

9 BIRTHPLACE
(State or country)

Md.

10 NAME OF
FATHER

John Hamilton

11 BIRTHPLACE
OF FATHER
(State or country)

Virginia

12 MAIDEN NAME
OF MOTHER

Martha Davis

13 BIRTHPLACE
OF MOTHER
(State or Country)

Penn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Louie Dickert

(Address)

338 Connor St Chestertown

15 Filed June 29 1936

W. J. Dickert
Registrar

6308

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 202

St. _____ Ward) (If death occurred in
a hospital or institution, give its NAME instead of street and
number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June (Month) 27 (Day) 1936 (Year)

17 I HEREBY CERTIFY, That I attended the deceased from
4-27-36 to 6-27-36, 1926, 1926, 1926,

that I last saw him alive on 6-27-36, 1926, 1926, 1926,

and that death occurred on the date stated above, at 7:05 a.m.

The CAUSE OF DEATH was as follows:

Aortic Insufficiency

(Duration) yrs. 2 mos. ds.

Contributory
Secondary

Cerebral Hemorrhage

(Duration) yrs. 16 mos. ds.

(Signed)

W. P. Rock M. D.

6-27-36 (Address) 338 Connor St.

*State the Disease Causing Death, or, in deaths from
Violent Causes, state (1) Means of Injury and (2) Whether
Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

X

19 PLACE OF BURIAL OR REMOVAL

Chestertown Md

DATE OF BURIAL

6-30-36 1936

20 UNDERTAKER

R. L. Neilton

ADDRESS

Chestertown

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public

Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Plasterer*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed, or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 6 yrs.). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

JUL 2 1936

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum, etc.*; *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic tubular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary) or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Aatrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as *Puerperal septicemia*, "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and quality as ACCIDENTAL, SUICIDAL or HOMICIDAL. It is probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train*; *Stab*; *Gunshot*; *Blow*; *Struck by falling object*; *Struck by Revolver*; *Wound of head*—*homicide*; *Poisoned by arsenic*; *Arson*—*probably suicide*. The nature of the injury, *Fracture of skull*, and consequences (e. g., *sepsis*, *Glaucoma*) may be stated under the head of "contributory." Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6309

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County Kent

Village or City Millington, Md. H. L.

131

Registration Dist. No. 200

St.

Ward

Length of residence in city or town where death occurred yrs. mos. 28 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Henry Dixon.

(a) Residence: No.

(Usual place of abode)

If U. S. Veteran, specify WAR

St. Ward.

If nonresident give city or town and State X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
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5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

Sallie E. Smith Dayton

6. DATE OF BIRTH (month, day, and year) June 13, 1865

7. AGE Years 81	Months	Days 1	If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired.	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year) 1918	11. Total time (years) spent in this occupation Life.

12. BIRTHPLACE (city or town) Smyrna
(State or country) Del.

13. NAME Robert Dixon

14. BIRTHPLACE (city or town) Smyrna
(State or country) Del.

15. MAIDEN NAME Emily Blackwelder

16. BIRTHPLACE (city or town) Smyrna
(State or country) Del.17. INFORMANT Mrs. Bertha Wallace
(Address) Millington, Md. 191518. BURIAL, CREMATION, OR REMOVAL
Place Millington, Md. Date June 17, 192619. UNDERTAKER John A. Tolson & Son
(Address) Millington, Md.

20. FILED 6/16, 1926

By *John A. Tolson*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June
(Month)14
(Day)1936
(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 9, 1936, to June 14, 1936.

I last saw him alive on June 14, 1936; death is said

to have occurred on the date stated above, at 9 P. M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Ch. Intestinal nephritis

Date of onset 1936

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) *Robert Dixon* M. D.
(Address) Millington, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUL 6 1936	1921

BUREAU V. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

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1. PLACE OF DEATH

County *Kent*Village or City *Long Branch*

120

Registration Dist. No. *202*6310
202

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State *X*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male*4. COLOR OR RACE *Col*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*(Married) Carrie Brown*

6. DATE OF BIRTH (month, day, and year)

unknown 1891

7. AGE

Years *45*

Months

Deys

If LESS than
1 day, ____ hrs.
or ____ min.OCCUPATION *W*

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

O

10. Date deceased last worked at this occupation (month and year)

*May 1936*11. Total time (years) spent in this occupation *Life*

12. BIRTHPLACE (city or town)

(State or country)

Kent Co. Md

MOTHER FATHER

13. NAME

unknown James A. Brown

14. BIRTHPLACE (city or town)

(State or country)

Kent Co. Md

15. MAIDEN NAME

Catherine Brown

16. BIRTHPLACE (city or town)

(State or country)

Kent Co. Md

17. INFORMANT

(Address)

Carrie Brown, Chestertown, Md

18. BURIAL, CREMATION, OR REMOVAL

Place

Date *June 13, 1936*

19. UNDERTAKER

(Address)

Albrey Hospital, Chestertown, Md

20. FILED

Date *June 13, 1936*

W. S. Nuck

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 11th, 1936

(Month)

(Dey)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

*May 30, 1936, to June 11, 1936*I last saw him alive on *June 11, 1936*; death is said to have occurred on the date stated above, et. *6:00 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Acute nephritis
Acute nephritis
with high blood
pressure causing de-
terioration of heart*Date of onset *May 1936*Date of death *June 11, 1936*

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Dr. Wm. Richardson* M. D.
(Address) *Chestertown, Md*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JUL 2 1928	1921
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

6311

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County KentVillage or City Near Galena

1946

Registration Dist. No. 20

St., Ward

Length of residence in city or town where death occurred. yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Leona Jeannette Freeman

(a) Residence: No.

St. Ward

If nonresident give city or town and State X

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND OF (or) WIFE OF

6. DATE OF BIRTH (month, day, and year)

Feb. 14 1935

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Kent Co., Ind.

FATHER

13. NAME C. Harvey Freeman

MOTHER

14. BIRTHPLACE (city or town)
(State or country)

Elkh Co., Ind.

MOTHER

15. MAIDEN NAME Leona C. Lowery

MOTHER

16. BIRTHPLACE (city or town)
(State or country)

Albert Co., Ind.

INFORMANT

17. INFORMANT Leona L. Freeman(Address) Galena, Md.

BURIAL, CREMATION, OR REMOVAL

18. BURIAL, CREMATION, OR REMOVAL

Place Galena Cemetery Date June 7 1936

UNDERTAKER

19. UNDERTAKER John D. Haffey(Address) Excelsior, Ind.

FILED

20. FILED June 6, 1936(Signature) Geo. P. Jones

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Date June 4, 1936 (Month) 4 (Day) 1936 (Year)

22. I HEREBY CERTIFY That I attended deceased from

I last saw her alive on June 4, 1936; death is said
to have occurred on the date stated above, at 1 P.M.
The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Strangulation from 4/4/36
drinking Rose wine and

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What last confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 6/4/1936Where did injury occur? Home Near Galena, Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature) Geo. P. Jones M. D.(Address) Galena, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	RECEIVED JUL 6 1936	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU U. S.	July 5, 1927
Other contributory causes of importance:		

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago
Other contributory causes of importance:		

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1/6312

1. PLACE OF DEATH

County

Kent County

930

Registration Dist. No.

203

Village or City

Rock Hall

St.

Ward

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

Hester Anna Middlelin

If U. S. Veteran specify WAR

(a) Residence: No.

Rock Hall

St. Ward.

If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female white

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

P. W. Middlelin

6. DATE OF BIRTH (month, day, and year)

May 6 1865

7. AGE

Years

71

Months

1

Days

5

If LESS than
1 day, hrs.
or. min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and year)

1931

11. Total time (years)
spent in this
occupation

life

12. BIRTHPLACE (city or town)
(State or country)

Fayler New Br.

Maryland

13. NAME

J. A. Hirsch

Baltimore

Maryland

14. BIRTHPLACE (city or town)
(State or country)

Baltimore

Maryland

15. MAIDEN NAME

Margarete Scott

Baltimore

Maryland

16. BIRTHPLACE (city or town)
(State or country)

Baltimore

Maryland

17. INFIRMANT

Mr. George W. Wilson

(Address)

Rock Hall Maryland

18. BURIAL, CREMATION, OR REMOVAL

Place: Wesley Chapel

Date: Sat Jun 14, 1936

19. UNDERTAKER

Harris & Williams

(Address)

Baltimore Md.

20. FILED

June 12, 1936

Mrs. T. B. Durding

Registrar

21. DATE OF DEATH

June

11

1936

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Jan 10, 1931, to June 16, 1936

I last saw him alive on June 10, 1936; death is said

to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Chronic Myocarditis
with Cerebral 1931
Inflammation June 11, 1936

Date of onset

Other Contributory Causes of importance:

Hypertension 1933

Date of

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Frank W. Smith
Chesterstown, Md.

(Address) M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

RECEIVED
ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Keyst*Village or City *Newton Norton R.R.*

Registration Dist. N.D.

6313
201

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME *Samuel Millegar* If U.S. Veteran specify WAR

(a) Residence: N.D.

Newton - near Colman's Corner Ward *X*

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Blk</i>	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>Single</i> (write the word)
--------------------	-----------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) *July. 5 - 1924*

7. AGE 9	Years	Months 11	Days 2	If LESS than 1 day, _____ hrs. or _____ min.
----------	-------	-----------	--------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. *School*

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) *July 5 - 1924*11. Total time (years) spent in this occupation *11*12. BIRTHPLACE (city or town)
(State or country) *Blacks Flatton*

Kent Co. MD

13. NAME *Aloma Millegar*14. BIRTHPLACE (city or town)
(State or country) *Blacks Flatton*

Kent Co. MD

15. MAIDEN NAME *Addie Tolman*16. BIRTHPLACE (city or town)
(State or country) *Blacks Flatton*

Kent Co. MD

17. INFORMANT *Addie Millegar*

Norton R.R.

18. BURIAL, CREMATION, OR REMOVAL

Place *Colman's*Date *Jan 5, 1936*19. UNDERTAKER *B.R. Bellomy*(Address) *St. Albans Md*20. FILED *Jan 5, 1936*Registrar *Frank W. Smith*(Address) *Colman's 7th and*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *Jan 3rd*

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

, 19____, to , 19____

I last saw him alive on , 19____; death is said to have occurred on the date stated above, at , 5:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Struck by lightning
on the floor

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signature) *Frank W. Smith*(Address) *Colman's 7th and*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	III R 1926	1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	BUREAU V.	July 3, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

6314

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Kent
Chesterstown

942

Registration Dist. No.

203

Village or City

Length of residence in city or town where death occurred

No.

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME

Catherine S. Newton

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

SL

5. ~~NAME~~, MARRIED, ~~NAME~~

(write the word)

5a. If married,

WIFE of

named

6. DATE OF BIRTH (month, day, and year)

Aug. 10, 1864

7. AGE

Years
71Months
10Days
16If LESS than
1 day, ____ hrs.
or ____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

Housewife

12. BIRTHPLACE (city or town)
(State or country)Kent Co.
Maryland

MOTHER FATHER

13. NAME

Albert Wood

14. BIRTHPLACE (city or town)
(State or country)Kent Co.
Maryland

15. MAIDEN NAME

Catherine Simmons

16. BIRTHPLACE (city or town)
(State or country)Kent Co.
Maryland

17. INFORMANT

Mr. & Mrs. Bryan Newton
(Address)

18. BURIAL, CREMATION OR REMOVAL

Place: Chester Cemetery Date: 6/28, 1936

19. UNDERTAKER

(Address)

Ralph V. Keeler
Chesterstown, Md

20. FILED

June 28, 1936

W. S. Weeks
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 26, 1936
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from
June 20, 1936, to June 26, 1936I last saw him alive on June 24, 1936; death is said
to have occurred on the date stated above, at 12:45 P.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Angina pectoris

Date of onset

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) *G. L. Gimpers* M. D.
(Address) Chesterstown

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write 'none.'

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JUL 3 1930	1915
Cerebral hemorrhage		1921
BUREAU V. S.		

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	1 week ago
	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

6315

1. PLACE OF DEATH

County

Kent

51-C

Registration Dist. No. 200

Village or City

Salina, Ind.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

yrs.

mos.

ds.

2. FULL NAME

Edward Archibald Scott

(a) Residence: No.

Salina, Ind.

St.

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND OF
(or) WIFE OF

Theresa Daisy Scott

6. DATE OF BIRTH (month, day, and year)

Jan. 6th 1859

7. AGE

Years

Months

Days

if LESS than

1 day, ____ hrs.
or ____ min.

77

4

27

OCCUPATION

721

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.

Medical Doctor

9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (city or town)

(State or country)

Kent Co., Ind.

13. NAME

Cornelius J. Scott

14. BIRTHPLACE (city or town)

(State or country)

Kent Co., Maryland

15. M AIOEN NAME

Mary Ellen Keenard

16. BIRTHPLACE (city or town)

(State or country)

Kent Co., Maryland

17. INFORMANT

Frances Scott David

(Address)

Salina, Maryland

18. BURIAL, CREMATION, OR REMOVAL

Salina Cemetery

Data 6/4/1936

19. UNDERTAKER

John F. Cophake

(Address)

Oscillor, Ind.

20. FILED

June 4, 1936

Guy L. Jones

Local Registrar

21. DATE OF DEATH

June
(Month)2
(Day)1936
(Year)

22. I HEREBY CERTIFY That I attended deceased from

June 1, 1936, to June 3, 1936

I last saw him alive on June 2, 1936; death is said

to have occurred on the date stated above, at 3:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:Carcinoma of prostate
and bladderDate of onset
1933

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury _____

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) _____ M. D. _____

(Address) _____

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis	JUL 6 1923	1921
Cerebral hemorrhage	BUREAU V.	July 6, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County *Kent*Village or City *Rock Hall*

Length of residence in city or town where death occurred

yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

922

Registration Dist. No. *203*

6316

203

St. Ward

2. FULL NAME *M. James Wheeler*(a) Residence: No. *Rock Hall*

(Usual place of abode)

St. Ward.

If nonresident give city or town and State *X*

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Wk.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
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5a. If married, widowed, or divorced
HUSBAND of (or) WIFE of *Florence Wheeler*

6. DATE OF BIRTH (month, day, and year) <i>June 11 1871</i>	7. AGE Years <i>65</i>	Months <i>-</i>	Days <i>13</i>	If LESS than 1 day, _____ hrs. or _____ min.
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OCCUPATION <i>8610</i>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <i>tailorman</i>	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <i>-</i>	10. Date deceased last worked at this occupation (month and year) <i>1933</i>	11. Total time (years) spent in this occupation <i>-</i>
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12. BIRTHPLACE (city or town) (State or country) <i>St. Marys County</i>
--

13. NAME <i>Samuel Wheeler</i>

14. BIRTHPLACE (city or town) (State or country) <i>St. Marys County</i>
--

15. MAIDEN NAME <i>Columbia Booze</i>

16. BIRTHPLACE (city or town) (State or country) <i>Baltimore Md.</i>

17. INFORMANT <i>Wife</i>

18. BURIAL, CREMATION, OR REMOVAL Place <i>Baltimore Cem.</i> Date <i>June 26, 1936</i>

19. UNDERTAKER <i>John J. Flannery</i>
--

20. FILED <i>June 24, 1936 Mrs. J. B. Dardang</i>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH *June 24*(Month) (Day) (Year) *1936*22. I HEREBY CERTIFY, That I attended deceased from *August 12*, 1934, to *June 24*, 1936.I last saw him alive on *June 20*, 1936; death is said to have occurred on the date stated above, at *3:15 P.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*chronic Endo - Myocarditis
decompensation**Hypertension**Chronic endocarditis. Duration: Uncertain*Other Contributory Causes of importance: *Chronic myocarditis. Duration: Uncertain*Name of operation *-* Date of *-*What test confirmed diagnosis? *-* Was there an autopsy? *-*

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? *-* Date of injury *-*, 19Where did injury occur? *-* (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury *-*Nature of Injury *-*24. Was disease or injury in any way related to occupation of deceased? *-*If so, specify *-*(Signed) *Albert O. Burgard* M. O.(Address) *Rock Hall Md.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthma, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1921
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 6, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Ran over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1035
6317

1. PLACE OF DEATH

County

Kent Co.

191

Registration Dist. No.

201

Village or City

Duck town

St. Ward

Length of residence in city or town where death occurred

69

(If death occurred in a hospital or institution, give its NAME instead of street and number)
yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Charles Edgar Wilmore

(a) Residence: No.

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Widowed

Annie Wilmore

6. DATE OF BIRTH (month, day, and year)

Technic 1867

7. AGE

69

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

8. OCCUPATION

Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)

1936

11. Total time (years)
spent in this
occupation

69

12. BIRTHPLACE (city or town)

(State or country)

Still Pond
Kent Co. Md.

MOTHER

13. NAME

James Wilmore

FATHER

14. BIRTHPLACE (city or town)

(State or country)

Still Pond
Kent Co. Md.

15. MAIDEN NAME

Mary Eliza Wright

16. BIRTHPLACE (city or town)

(State or country)

Still Pond
Kent Co. Md.

17. INFORMANT

(Address)

Willie Wright
Still Pond Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mountain

Date June 21, 1936

19. UNDERTAKER

(Address)

B R Hallows

Still Pond Md.

20. FILED

Date

June 21, 1936

J. Melark
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 18
(Month) (Day)1936
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

June 13, 1936, to June 18, 1936

I last saw him alive on June 17, 1936; death is said to have occurred on the date stated above, at 1035 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Bright's

Date of onset

Unknown

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. T. Sanders M. D.

(Address) C. Lubbertham

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Example I

The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis	JUL 6 1930	1921
Cerebral hemorrhage	BUREAU OF U. S.	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:		Date of onset
Attack of epilepsy		1 week ago
Run over by street car		1 week ago
Peritonitis		3 days ago

Other contributory causes of importance:		
Gallstones	May 1, 1923	Gastroenteritis
		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
